

Slate Mailer Organization Campaign Statement

(Government Code Sections 84218-84219)

Type or print in ink.

COVER PAGE

SEE INSTRUCTIONS ON REVERSE

Statement Covers Period

from 01/01/2019

through 06/30/2019

Date Stamp

CALIFORNIA
1992 FORM 401

1/5

FOR OFFICIAL USE ONLY

I Slate Mailer Organization Information

FULL NAME OF SLATE MAILER ORGANIZATION:

Feel The Bern

ID NUMBER

1397620

ADDRESS NO AND STREET

CITY STATE ZIP CODE PHONE NUMBER

Long Beach CA 90802

NAME OF TREASURER:

David Gould

ADDRESS NO AND STREET

CITY STATE ZIP CODE DAYTIME PHONE NUMBER

Long Beach CA 90802

II Is This A General Purpose Committee?

If this Slate Mailer Organization is also a "general purpose committee" as defined in Government Code Section 82027.5, check box and attach the committee's campaign disclosure report to this statement.

☐

Committee Report
Attached

☐

ID Number if
Recipient Committee

III Summary of Payments

	(A) Total This Period	(B) Cumulative to Date (Since January 1 of calendar year covered)
1 TOTAL PAYMENTS RECEIVED	\$ 1750.00 Sch. A, Line 3	\$ 1750.00
2 TOTAL PAYMENTS MADE	\$ 15440.55 Sch. B, Line 3	\$ 15440.55

IV Verification

I have used all reasonable diligence in preparing this statement. I have reviewed the statement and to the best of my knowledge the information contained herein and in the attached schedules is true and complete. I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on 07/02/2019 At Long Beach By David Gould CA
DATE CITY AND STATE SIGNATURE OF RESPONSIBLE OFFICER

Name of Responsible Officer David Gould CA Title: Treasurer
TYPE OR PRINT

FOR INFORMATION REQUIRED TO BE PROVIDED TO YOU PURSUANT TO THE INFORMATION PRACTICES ACT OF 1977, SEE

INFORMATION MANUAL ON CAMPAIGN DISCLOSURE PROVISIONS OF THE POLITICAL REFORM ACT FOR SLATE MAILER ORGANIZATIONS.

State of California Fair Political Practices Commission

Schedule A Payments Received

SCHEDULE A

Statement covers period from 01/01/2019 through 06/30/2019	CALIFORNIA 1992 FORM 401 2/5
I.D NUMBER 1397620	

SEE INSTRUCTIONS ON REVERSE
NAME OF SLATE MAILER ORGANIZATION:

Feel The Bern

(1)	(2)	(3)			(4)	(5)
DATE RECEIVED	IDENTIFICATION OF PERSONS FROM WHOM \$100 OR MORE HAS BEEN RECEIVED THIS PERIOD (SEE IMPORTANT INSTRUCTIONS ON REVERSE)	(a)	(b)		AMOUNT RECEIVED THIS PERIOD	CUMULATIVE AMOUNT RECEIVED SINCE JANUARY 1 PER CANDIDATE
		NAME, OFFICE SOUGHT, AND JURISDICTION OF CANDIDATE/ NAME, JURISDICTION, AND NUMBER OR LETTER OF BALLOT MEASURE SUPPORTED OR OPPOSED (IF DIFFERENT THAN COLUMN 2)	CHECK BOX TO INDICATE IF PAYMENT WAS RECEIVED TO SUPPORT OR OPPOSE CANDIDATE OR MEASURE INCLUDED IN SLATE MAILER			
			SUPPORT	OPPOSE		
01/11/2019 	Gilbertson for Judge 2018 Long Beach CA 90802 Reference No: INC131	Rene Gilbertson Superior Court Judge Los Angeles Superior Court	X		1000.00	1000.00
05/22/2019 	Wesson for Supervisor 2020 Los Angeles CA 90017 Reference No:	Herb Wesson County Supervisor Los Angeles County	X		750.00	750.00



Summary	SUBTOTAL	\$ 1750.00
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- Amount Received - Payments of \$100 or More
(Include all Schedule A subtotals) \$ 1750.00
- Amount Received - Payments of Less than \$100
(Not itemized) \$ 0.00
- Total Payments Received (Line 1 + Line 2) Enter here and in
Column A, Line 1, of the Summary of Payments section on Page 1 \$ 1750.00

Schedule B Payments Made

SCHEDULE B

Statement covers period from 01/01/2019 through 06/30/2019	CALIFORNIA 1992 FORM 401
	3/5
I.D NUMBER 1397620	

SEE INSTRUCTIONS ON REVERSE

NAME OF SLATE MAILER ORGANIZATION:

Feel The Bern

NAME AND STREET ADDRESS OF PAYEE	DESCRIPTION OF PAYMENT	AMOUNT PAID
GOULD & ORELLANA,LLC Long Beach CA 90802 Reference No:	Office Expenses	328.75
GOULD & ORELLANA,LLC Long Beach CA 90802 Reference No:	Political Reporting Services	36.80
Renee Nahum & Associates Los Angeles CA 90039 Reference No:	Consulting Fee	15000.00

Summary

	SUBTOTAL	\$ 15365.55
1. Payments of \$100 or More (Include all Schedule B subtotals)	\$	15365.55
2. Payments under \$100 This Period (Not itemized)	\$	75.00
3. Total Payments This Period (Line 1 + Line 2). Enter here and in Column A, Line 2, of the Summary of Payments section on Page 1.	\$	15440.55

Schedule C
Persons Receiving
\$1,000 Or More

SCHEDULE C

Statement covers period
from 01/01/2019
through 06/30/2019

CALIFORNIA 1992 FORM	401
4/5	
I.D. NUMBER 1397620	

SEE INSTRUCTIONS ON REVERSE

NAME OF SLATE MAILER ORGANIZATION:

Feel The Bern

You must identify each individual listed on your Statement of Organization (Form 400) who received, directly or indirectly, \$1,000 or more from the organization during the period. (See instructions on reverse regarding "indirect" payments.)

NAMES OF INDIVIDUALS RECEIVING \$1,000 OR MORE	AMOUNT THIS PERIOD	CUMULATIVE SINCE JANUARY 1
GOULD & ORELLANA,LLC	328.75	365.55
GOULD & ORELLANA,LLC	36.80	365.55

TEXT ANNOTATION

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Schedule A

Reference No: INC131

Payment for Primary 2018